

## CERTIFICATE OF MAILING

I hereby certify that the below listed items are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

**Mail Stop RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450**

on 01.25.05

Gloria Simmons  
Gloria Simmons

In Re Application of:

Roback, et al.

Serial No.: 09/773,826

Filed: January 31, 2001

Confirmation No.: 7152

Group Art Unit: 1743

Examiner: Cross, Latoya I.

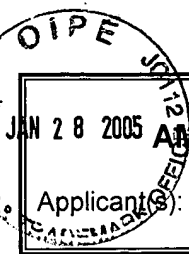
Docket No.: 050508-1030

For: **Immunological Assay System and Method**

The following is a list of documents enclosed:

- Return Postcard
- Third Response to Office Action (with Amendments)
- Exhibits A & B
- Amendment Transmittal Form (in duplicate)
- Petition for Extension of Time Under 37 CFR (3 Months)
- Request For Continued Examination Transmittal Form
- Information Disclosure Statement
- Information Disclosure Citation Form PTO-1449
- A Copy of the PCT Prosecution History
- Credit Card Authorization in the amount of \$1,085.00 for filing fee(s)

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.



<b>AMENDMENT TRANSMITTAL LETTER (SMALL)</b> Applicant(s): <b>Roback et al.</b>	Docket No. <b>050508-1030</b>
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Serial No. <b>09/773,826</b>	Filing Date <b>January 31, 2001</b>	Examiner <b>CROSS, Latoya I.</b>	Confirmation No. <b>7152</b>	Group Art Unit <b>1743</b>
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Invention: **Immunological Assay System and Method**

**Commissioner for Patents**  
**Mail Stop RCE**  
**P.O. Box 1450**  
**Alexandria VA 22313-1450**

Transmitted herewith is Third Response to Office Action (with Amendments) in the above-identified application.  
The fee has been calculated and is transmitted as shown below

**CLAIMS AS AMENDED**

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	22 -	29 =	0	X \$25.00	\$ 0.00
INDEP. CLAIMS	3 -	3 =	0	X \$100.00	\$ 0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				\$180.00	\$ 0.00
EXTENSION FEE	1 <sup>ST</sup> MONTH <input type="checkbox"/> \$60.00	2 <sup>ND</sup> MONTH <input type="checkbox"/> \$225.00	3 <sup>RD</sup> MONTH <input checked="" type="checkbox"/> \$510.00	4 <sup>TH</sup> MONTH <input type="checkbox"/> \$795.00	\$510.00
Other Fees: Request for Continued Examination (RCE)					\$395.00
Information Disclosure Statement (IDS)					180.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$1,085.00

- ☐ No additional fee is required.
- ☐ Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_
- ☐ A check in the amount of \_\_\_\_\_ to cover the filing fee is enclosed. A duplicate copy of this page is enclosed.
- ☒ A Credit Card Payment Form PTO-2038 is attached in the amount of \$1,085.00.
- ☒ The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.

Cynthia J. Lee, Reg. No. 46,033

01/25/05  
Date